

$\frac{1}{16}$ of an inch in width; the Malpighian bodies were also much larger than normal. Very little oil was seen.

There were no signs of peritonitis in any portion of the abdomen. The abdominal viscera appeared healthy, with exception of the spleen, which was about thrice the normal size, quite firm, and contained ordinary elements, with a little granular pigment.

Tumours of the Larynx.—Dr. HARLAN read the following report in reference to the case communicated by Dr. Ellis, November 22d, last:—With the exception of a few records of isolated cases, scarcely any attention seems to have been given to morbid growths in the larynx, until a case of successful extirpation by means of laryngotomy by Professor Ehrmann, of Strasburg, made a good deal of stir in the medical world, and the subsequent publication of his monograph (*Histoire des polypes du larynx*) in 1850, gave the subject a permanent and important place in medical literature. This work, which is a large folio with fine plates, gives descriptions of some thirty cases, and may be considered as containing all that was worthy of record in connection with the subject up to the date of its publication.

Horace Green, of New York, in his book on *Polypi of the Larynx, and Oedema of the Glottis*, published in 1852, says: "We have now collected all, or nearly all, the well-authenticated histories of this disease, and the entire number amounts to some thirty-nine or forty cases only; of these, seven or eight have been observed in our own country." In the following year, Dr. Gurdon Buck (*Transactions of the American Medical Association*) collected forty-two cases in tabular form. Dr. Green, in speaking of new formations in the larynx as a rare disease, says: "So, at least, it has been considered, and yet the author does not hesitate to express the opinion, and leave it to future experience to confirm or invalidate that foreign growths have occurred in the opening of the air passages, in many instances, when their presence was neither suspected nor discovered; and that if the attention of the profession should by any means be directed to this subject, it will be found that the existence of polypus and other excrescences in these passages is an occurrence taking place much more frequently than has been supposed by medical practitioners." The attention of the profession has since been directed to the subject by means of the laryngoscope and the more active and general interest in diseases of the throat, and the above opinion has been most amply confirmed.

Czermak, in some "Observations on Tumours of the Larynx" (*Med. Times and Gazette*, June 7, 1862), says: "Three years ago I published the first diagnosis of laryngeal polypus made by means of the laryngeal mirror, and since then I have so often made similar laryngoscopical discoveries, that in my pamphlet on the laryngeal mirror, I was able to enunciate the proposition that such pathological alteration occurs much more frequently than has been hitherto believed. With the rapidly spreading use, however, of the laryngeal mirror, the cases of new formations in the larynx multiplied to such a degree that some of the leading authorities 'could not repress a fear that laryngoscopy at present overrates the frequency of new formations in the larynx, and describes every swelling that exists there as a new formation.' * * * * Though unable to answer for the assertions of other observers, who have confirmed the facts I have pointed out, though not wishing to deny the possibility of errors by hasty and insufficient examinations, and in spite of the contradiction in which my above-quoted proposition finds itself with the previous experience of surgeons and pathological ana-

tomists, I must maintain its absolute validity against all objections. If we were to eliminate as doubtful or inaccurate a great part of those observations on laryngeal polypi which have been recorded since I introduced the laryngoscope, still there would remain a mass of unimpeachable and rigidly demonstrated observations. * * * I here repeat that the fact of the greater frequency of new formations in the larynx, first declared by myself and confirmed by the observations of Von Lewin and others, must be admitted as universally as it has been hitherto universally held that these pathological formations are amongst the rarest of morbid alterations in the larynx."

In the Transactions of the London Pathological Society (from 1848 to 1864) there are records of more than thirty cases of tumours of the larynx, beside a number of cancerous growths, in many of which other parts were involved, and which seem hardly to belong to the present subject; and I have met with so many cases in the transactions of societies, monographs, and lectures on the laryngoscope, &c., that I have given up in despair my intention to collect them.

An interesting point in the consideration of this subject is the means and the prospect of surgical treatment. In his monograph on the *Throat and Windpipe*, published in 1860, Gibb recommends that tumours of the larynx should be "got rid of by opening that cavity," as "it is wholly out of the question to effect their removal through the glottis," and adds, "We have the experience of several accurate observers to show that the larynx may be freely opened and such tumours removed with the most perfect safety." He acknowledges, however, that "it must be confessed, that tumours and polypi of the throat and larynx offer a wide and complicated field for study." He has himself been one of the most active workers in this field, and among the first to demonstrate the incorrectness of his statement in reference to the possibility of operating through the glottis. The famous case of Ehrmann, previously alluded to, is given in full by Dr. Green (polypi of the larynx), who says in reference to it: "Several attempts have been made by different surgeons to remove these excrescences by laryngotomy; but in no instance has the operation proved successful except in the above case observed and recorded by Professor Ehrmann." Dr. Green, in an extremely interesting case, succeeded, after repeated and persevering efforts, in grasping a polypus of the larynx during its instantaneous protrusion through the glottis, and excising it with the most happy result. He also reports the cure of another case by cauterization. Dr. Gurdon Buck operated by laryngotomy three times in the case of a lady aged fifty-one, with effect of prolonging her life for more than a year.

The introduction of the laryngoscope has influenced the treatment as well as the diagnosis of this disease. Johnson, of King's College, in a lecture on the use of this instrument (*Lancet*, 1864), says: "Perhaps the greatest triumph of treatment by the aid of the laryngoscope has been the removal of tumours, polypi, and warty growths from the interior of the larynx. This feat has been accomplished now in numerous cases and with the most happy results." A number of these cases may be found reported in the *Lancet* and *Medical Times and Gazette*, principally by Mackenzie and Gibb who have each invented an instrument for the purpose, the former a forceps and the latter a wire eraser. Dr. Henry B. Sands, of the New York Hospital, in a valuable paper in the *New York Medical Journal* for May, 1865, reports a case of cancer of the larynx successfully removed by laryngotomy, and gives a table of fifty cases

of tumours of the larynx treated by operation, with a full history of the operation up to date, a comparison of the two methods of performing it, &c. Eleven of these fifty operations were performed by external excision, and the rest through the mouth. But three proved fatal—two of the former and one of the latter; and the aggregate of success in the results was such as to show that the operation is not only justifiable and encouraging but in many cases imperative.

In reference to the *cause* of these growths, I know of nothing to oppose the statement of Dr. Green, that as yet their origin is unknown.

In the present case the existence of secondary syphilis in the mother at the time of the child's birth, has naturally suggested the question whether the tumour, that brought its life to such an early close, had its origin in a hereditary taint. For light upon this subject, we turn first to the statistics of the disease. Dr. Buck gives syphilis as the probable cause in only one of the forty-two cases recorded in his table; in two of them, however, one by Dr. Reuf and the other by Rayer, syphilis is assigned as the cause by the original reporters. They are both in Ehrmann's monograph. There is a plate of the former described as "vegetations of the laryngeal cavity" communicated by Reuf, and considered by him to be syphilitic, but no history. The latter is from Rayer's *Atlas of Skin Diseases*. Under the head of "Syphilides," one of the plates (Pl. XIX., Fig. xi.), represents a larynx obstructed with vegetations which are referred to by Ehrmann as "probably venereal." In looking over a large number of cases of morbid growths in the larynx, recorded as post-mortem observations or diagnosed by means of the laryngoscope, I find but five others in which syphilis was suspected, though I have been not a little surprised to find so many cases recorded without a history of any kind. Two of the five cases referred to are by Czermak (monograph on the laryngoscope). One was of an old Rabbi "suspected to have communicated syphilis to several children in practising the operation of circumcision," though he denied the charge; and the other "observed in a huntsman aged forty-one years, suspected of syphilis." The third was reported by Gibbs (*Medical Times and Gazette*, 1863) a case of "foliated growths in the true and false vocal cords in a young man aged twenty-four, with a syphilitic history," and the other two are in Dr. Mason's table recorded as "syphilitic (?)." None of those cases are at all conclusive; they only show that tumours of the larynx, like any other disease, may occur in connection with syphilis.

The present specimen has the appearance of the growths so frequently referred to as "wartlike excrescences," and the microscopical examination, made by Dr. Wm. Pepper, shows that such is its character. "It consists of epidermoid scales arranged in curved lamina, compressed with small amount of fibrous tissue interlacing and some shining granular matter." The only recognized syphilitic term that could be applied to it is "condylomata," or "venereal warts." There is an unfortunate confusion in the use of the term "condylomata," which is often applied to "mucous patches" or "tubercles." For instance, a case reported by Mackenzie as "syphilitic condylomata of the larynx" is plainly one of mucous patches. While the latter are among the most frequent forms of constitutional syphilis, it is thought by good authority, as Bumstead and others, that true warts are never strictly venereal, and that their connection with syphilis is merely accidental. Rayer (*Diseases of Skin*, p. 82) speaks of excrescences as due to a "morbid thickening of the corion, vascular rete, and epidermic lamellæ, and to increase of size in the papillæ of the skin," and says, "These excrescences

are of two kinds, syphilitic and non-syphilitic. To distinguish them attention must be paid to the situation in which they are evolved, to the previous state of the surface in which they have appeared, to their progress and to the coincidence or otherwise of syphilitic symptoms generally, rather than to the physical character of the growths themselves. Hunter and several other writers have denied the existence of any excrescences truly syphilitic in their nature. * * * * Numerous cases leave no doubt of the fact that certain excrescences are owing to the syphilitic cachexia, and that they sprout without evident inflammation." Corvisart (*Essai sur les Maladies du Cœur*, t. 8, p. 227) speaks of excrescences "of a venereal appearance" on the mitral valves of persons formerly affected with venereal disease. Laennec also mentions several similar cases, but thinks there is no adequate ground for speaking of them as syphilitic in their origin (*Traité de l'Auscultation Médiate*, t. 2, p. 618).

Other writers on diseases of the heart mention such cases without asserting their syphilitic nature. The idea of a venereal origin seems to have been associated with these formations, chiefly from their frequent occurrence upon or near the genital organs, where, Ricord says, they are a very frequent source of error among those who are accustomed to consider any affection of those parts as necessarily venereal (*Iconographie*).

That constitutional syphilis may frequently be the remote or accidental cause of warty tumours of the larynx is extremely probable. Professor Gross (*Surgery*) says: "Warty excrescences, similar to those of the vulva and penis, are sometimes found in the larynx. * * * * These vegetations are usually associated with thickening of the lining membrane of the tube, and are nearly always dependent upon a syphilitic taint of the system." Rokitsansky, under the head of "laryngeal tumours," speaks of "condylomatous excrescences occurring upon or near an ulcerated base," as "most probably of a syphilitic nature." In such cases the growths are found in company with decided marks of inflammation of the mucous membrane, without which I believe there is not the slightest evidence that they ever occur as a result of constitutional syphilis. I believe that such tumours, when found in venereal subjects, may be fairly considered to be either an accidental complication, an hypertrophy of the epithelium resulting from the irritation of repeated attacks of laryngitis, or a new growth formed by the deposition of lymph and its subsequent transformation into fibrous tissue. In the conflict of authorities in regard to the venereal character of warty growths and the meagreness of details bearing upon this point in recorded cases, it is impossible to say positively that this tumour is or is not syphilitic. But when we consider the youth of the subject, its good general health, its freedom from all appearance of syphilitic cachexia, and the entire absence of any sign of inflammation of the lining membrane of the trachea, I think it may be safely asserted that the probabilities of the case and the weight of authority are on the side of the negative.

Feb. 14th. Cerebro-Spinal Meningitis. Dr. HUTCHINSON gave the history of the case as follows:—

Mary McCabe, aged about 50 years, married, by occupation a nurse, was admitted into the Episcopal Hospital on the afternoon of Tuesday, Jan. 30, 1866.

She appears to have been in her usual health up to the Sunday preceding her admission, and was engaged at that time in nursing a severe case of fever, said to be typhoid; on that day she complained of a slight soreness